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Cyanosis & Happiness

AMORETTO
MAY 25, 2024

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Something has been itching at my brain for a while, which is why it needs to be brought up—not just healthcare in the prison and juvenile system but in general.

I was in the emergency room a few days ago, getting my partner to see someone about his broken wrist that he injured while skateboarding, and the number of people who were waiting in line absolutely pissed me off.

There was a child suffering anaphylactic shock, another child who could not stop vomiting after coughing too hard, a man who had fallen 4 metres off a building with broken ribs and a punctured lung, and he had several spots on his side where he had landed that had broken blood vessels, and a woman suffering from heart problems.

I'm not a nurse, but this set off so many alarm bells in my mind that it made me get up and comfort these people while the lack of staff struggled to keep up with all the patients they had to already attend to.

I am absolutely disgusted at how this small town decides to cry about having low staff at workplaces yet refuses to hire most of the people who put their resumes in.

Venting my frustration might not do anything, but this shit needs to be spoken about.

Moving onto other things, we're supposed to be talking about Robert and his possible (yet not confirmed nor denied) diagnosis of cyanosis.

I reached out to a family member who is currently an ex-nurse and got her opinion on the matter, but first, I want to explain to you what cyanosis is for those who don't understand all the scary big words from medical professionals. Don't worry, I did my research too.

What Is Cyanosis?
Cyanosis refers to a bluish-purple color of the skin. It is most easily seen where the skin is thin, such as the lips, mouth, earlobes and fingernails. Cyanosis means there may be decreased oxygen in the bloodstream. It may suggest a problem with the lungs or heart.

But the deeper you look, the more you'll find that it's so much more than just *that.*

There are cases in which ***cyanosis can be induced.***

Case 5—A 33 year old man died six months after he had had a cardiac arrest during surgery for a retinal detachment. The cardiac arrest was caused by the hypoxia which occurred when the patient's endotracheal tube became disconnected from the oxygen supply. The locum anaesthetist noticed a problem only when a blood pressure alarm sounded some four and a half minutes after disconnection. At first he believed the blood pressure machine was faulty; however, one of the surgeons recognised bradycardia, ***cyanosis***, and the disconnected endotracheal tube. The anaesthetist was charged with manslaughter. One expert described the standard of care as abysmal and another said that the doctor's conduct amounted to a gross dereliction of care. The anaesthetist argued that, though he was negligent, his acts were not so grossly negligent as to justify a verdict of manslaughter. He was convicted and subsequent appeals were unsuccessful.

not convinced yet? don't worry. I have all day and night. I'm not going anywhere soon.

Let's talk about ***strangulation.***

Strangulation injuries occur when external forces are applied to the neck leading to a variety of traumatic pathology. If the injury is severe enough cerebral perfusion and oxygen delivery is threatened and can lead to asphyxia and rapid neuronal death.

Epidemiology
Hanging injuries can be further divided into specific categories. Complete hanging is defined by the full weight of the patient being suspended by the neck. Incomplete hanging injuries encompass all injuries in which the patient is supported partially by another object such as the ground or furniture

The term "well-hung" referred to the erection a male experienced after a proper hanging was performed. This method of execution usually involved dropping the person from a height equal to or greater than their height, which often resulted in spinal fractures, spinal trauma, and spinal shock causing priapism. Classically, hanging injuries have also been associated with vascular pathology ranging from carotid intimal tears to complete rupture.

Ligature and manual strangulation injuries occur when a force that is independent of the patient's body is applied to the neck. Strangulation injuries can also be divided into categories of intent. These include homicidal, suicidal, accidental, and auto-erotic.

Pathophysiology
The common pathway through which strangulation injuries cause morbidity and mortality is via cerebral hypoxemia and resultant cerebral ischemia.

External pressure to the jugular veins prevents adequate venous return from the cerebral circulation. Backpressure prevents eventual arterial inflow and results in elevated intracranial pressures. This ultimately results in unconsciousness, depressed brainstem functions, and ultimately asphyxia and death.

1. External pressure to the carotid arteries directly prevents oxygenated blood flow to the cerebral vasculature which leads to asphyxia and death.
2. Pressure obstruction of the larynx primarily results in the inability to oxygenate the pulmonary vasculature. Systemic hypoxia quickly ensues of which the most pronounced effects are rapid loss of consciousness followed by death.

Though rare, cardiac dysrhythmias may occur with pressure directed towards the carotid bodies bilaterally. This has the potential to evoke cardiac arrest, and subsequent death if not promptly recognized.

Histopathology
implications of strangulation injuries are as diverse as the pathophysiology that underlies each specific type and the conditions present at the time of injury. Typical findings of anoxic brain injury can be expected. Cell damage can appear in as little as four hours and is dependent on the extent and duration of anoxia/hypoxia. Ischemic cell damage may result in primary necrosis of neurological structures, or a delayed fashion via apoptosis if the patient survives the initial insult. A "cloudy swelling" pattern of nuclear regions and a reduction in basophilic character to the nucleus have been described. Cytoplasmic shrinking and pyknotic nuclei are also potential injury patterns. At the 8-12-hour mark classic "red neurons" begin to appear.

There are multiple forensic pathology considerations in this patient population as well. Excoriation marks on the face and various body surfaces may signal struggle either by the patient to remove a ligature or other object causing strangulation. They may also signify injury caused by a potential assailant. Burns and musculoskeletal trauma may be present on autopsy as well depending on the circumstances. The cause of death can be difficult to assess due to the multiple pathways that lead to the common pathophysiology of death in strangulation. For example, homicide victims who suffer strangulation injuries that were also found submerged in bodies of water might have signs of both strangulation and submersion injury. Both lead to hypoxia and eventually death, and thus determining a sequence of events might be difficult.

Toxicokinetics
Many times alcohol and/or prescription and non-prescription drugs may have been ingested by the patient at or around the time of injury. Many of these substances may also cause central nervous depression and contribute to altered mental status. Underlying life-threatening overdoses with acetaminophen, aspirin, tricyclic antidepressants, and other substances can cause severe metabolic disturbances and complicate strangulation injuries.

Physical examination may include one or more of the following "hard signs" of strangulation:

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Head, Eyes, Ears, Nose, and Throat

- Visual disturbances
- Conjunctival or facial petechial haemorrhages
- Swollen tongue or oropharynx
- Foreign body (blood, vomit, tissue) in the oropharynx
- Facial edema, lacerations, abrasions, ecchymosis
- Neck abrasions, edema, lacerations, or ligature marks
- Tenderness to palpation over the larynx
- Hoarseness or stridor
- Subcutaneous edema or crepitus

Cardiovascular

- ***Cyanosis*** or hypoxia
- Arrhythmias
- Respiratory distress
- Crackles or wheezes
- Cough

Neurologic

- Altered mental status
- Seizures
- Stroke-like symptoms
- Incontinence.

> MOVING ONTO ANOTHER CASE WHERE CYANOSIS HAS OCCURED.
>
> ***Methemoglobinemia Following Unintentional Ingestion of Sodium Nitrite --- New York, 2002.***
>
> Methemoglobinemia is an unusual and potentially fatal condition in which hemoglobin is oxidized to methemoglobin and loses its ability to bind and transport oxygen. The most common cause of methemoglobinemia is the ingestion or inhalation of oxidizing agents such as nitrates or nitrites (e.g., sodium nitrite, which is used commonly as a preservative in curing meats and fish). This report summarizes the investigation of an incident of methemoglobinemia in five members of a household in New York who became ill after eating a meal seasoned with a white crystalline substance from a plastic bag labeled "Refined Iodized Table Salt" . The findings underscore the need for proper storage of hazardous materials to avoid unintentional ingestion and the importance of collaboration by multiple agencies to address a potential public health emergency.
>
> On May 16, 2002, Yonkers, New York, emergency personnel were called to a household in which five adults of Middle Eastern descent (three men aged 40, 43, and 44 years and two women aged 60 and 29 years) reported symptoms of dizziness, light-headedness, and ***cyanosis*** almost immediately after sharing a meal. Two of the men also reported vomiting. A sixth person, a man aged 21 years, who did not eat the meal, was asymptomatic.
>
> On arrival at the emergency department (ED), the five persons were markedly ***cyanotic*** and had oxygen saturation levels by pulse oximetry of 72%--96% (normal: >92%) . Blood drawn for routine testing was described as "black colored." Empiric therapy with methylene blue was initiated for suspected methemoglobinemia after consultation with a poison control center. Subsequently, the patients were found to have extremely high methemoglobin levels (range: 21.1%--87.0%) (normal: 1%--3%) .
> Within 10--15 minutes after administration of methylene blue, ***cyanosis*** resolved and oxygenation improved. After therapy, the three men became asymptomatic, and the two women continued to require ventilatory support; the younger woman did not regain consciousness immediately. After overnight observation, the three men were discharged. The older woman was extubated on May 18, and the younger woman was extubated on May 20; all patients recovered completely.

Now, there was a case involving several children who had succumbed to horrible injuries involving cyanosis, but I understand that certain people can't stomach such topics, so I won't be posting it here. however I will post some resources for those who are suffering the loss of children.

> https://sads.org/wp-content/uploads/2023/11/Moving-Forward-After-Your-Child-Dies.pdf

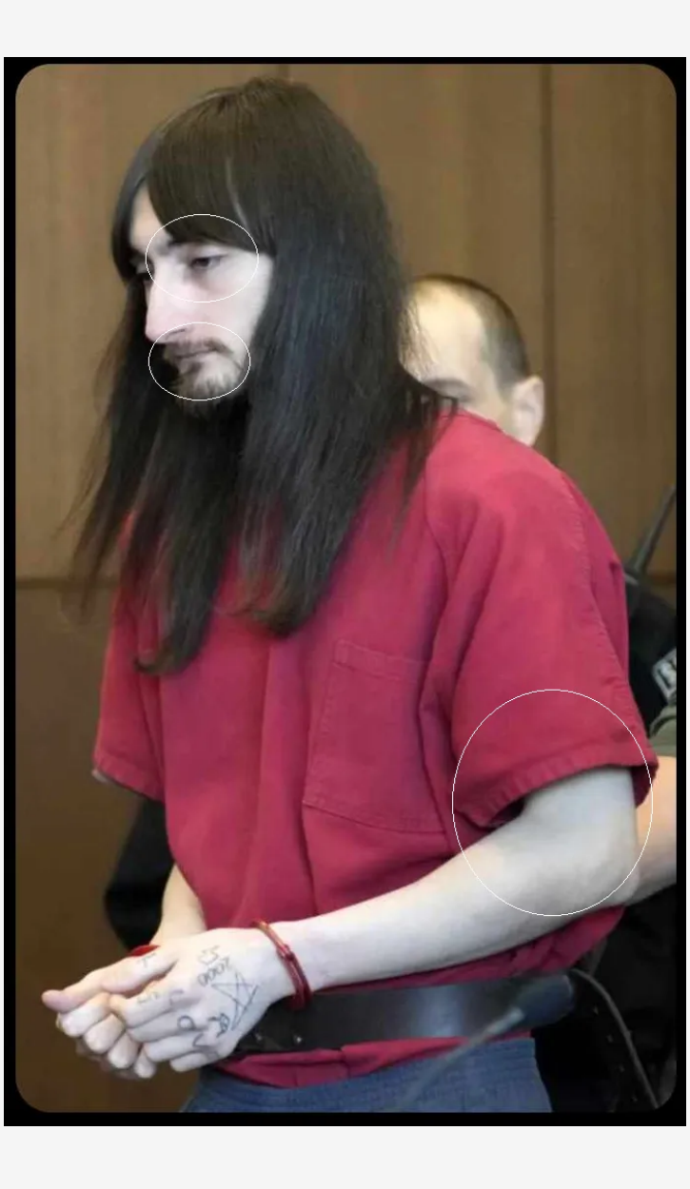
> https://thrive-worldwide.org/wp-content/uploads/2024/01/Bereavement.pdf

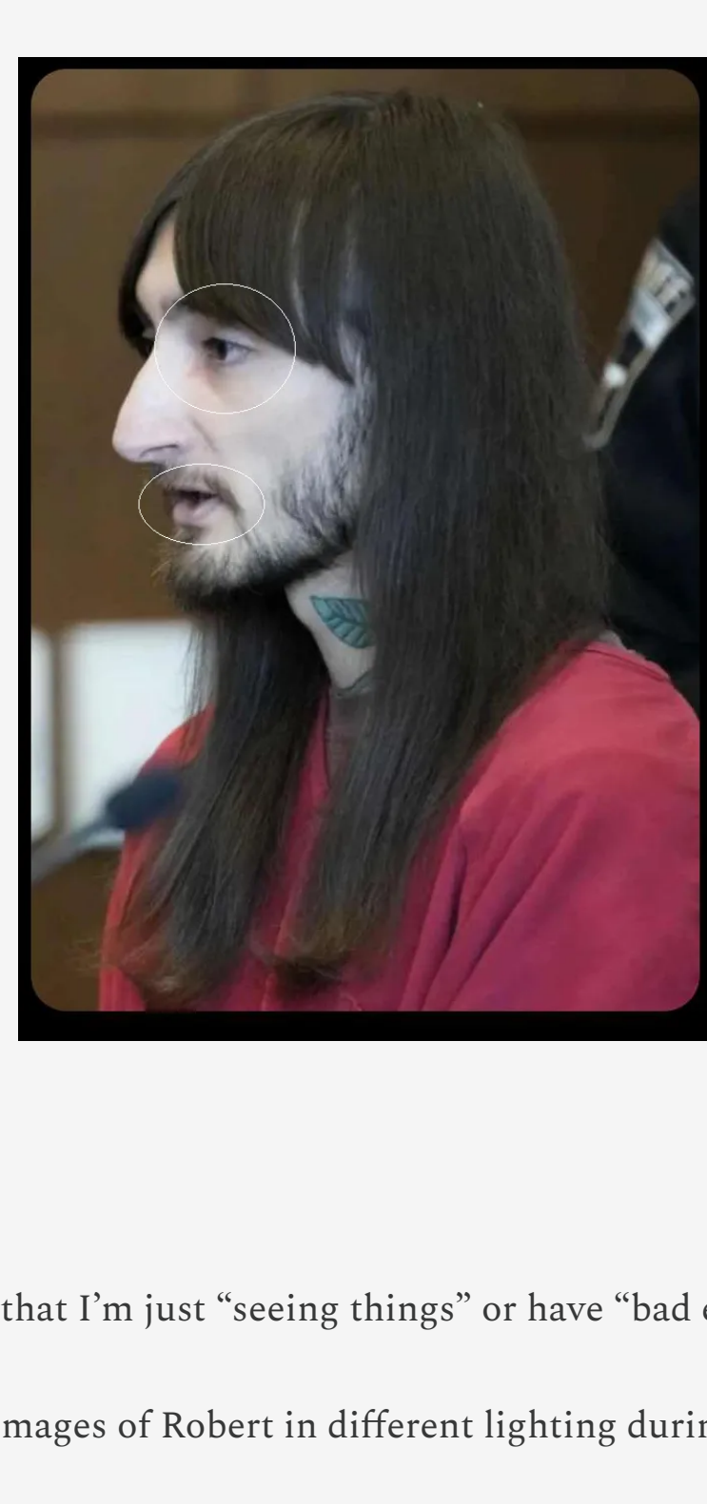
Don't feel like a burden; don't feel ashamed; don't isolate yourself. You are allowed to grieve; it's a natural thing. If you know anyone or are worried, please be sure to check in with them, even if they try to push you away. you are loved, you matter, you deserve to be helped.

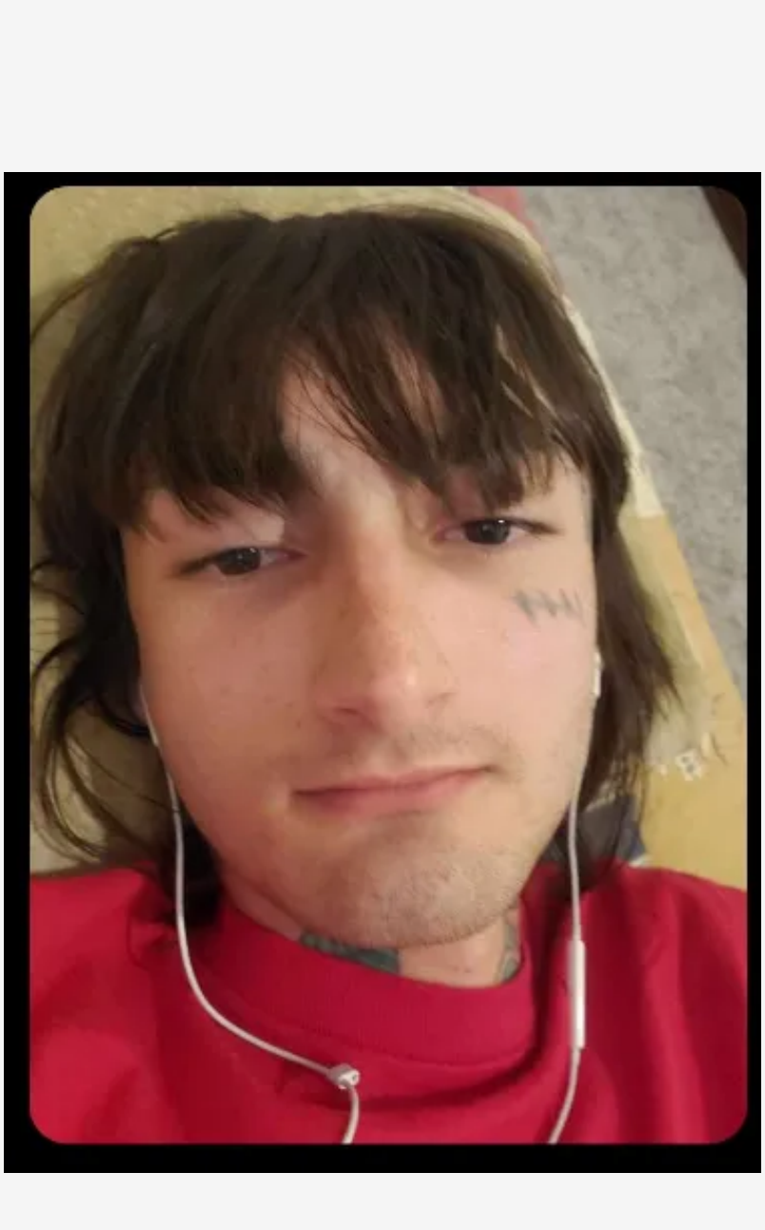
Back to the matter at hand.

12.11.23
Robert Crimo III was escorted into a courtroom during a case management conference, asking Judge Victoria. A. Rossetti for his right to a speedy trial.

But you want to know what else there was?
This heart-breaking display of Robert is pale, along with discoloration in his lips and a bruised arm.

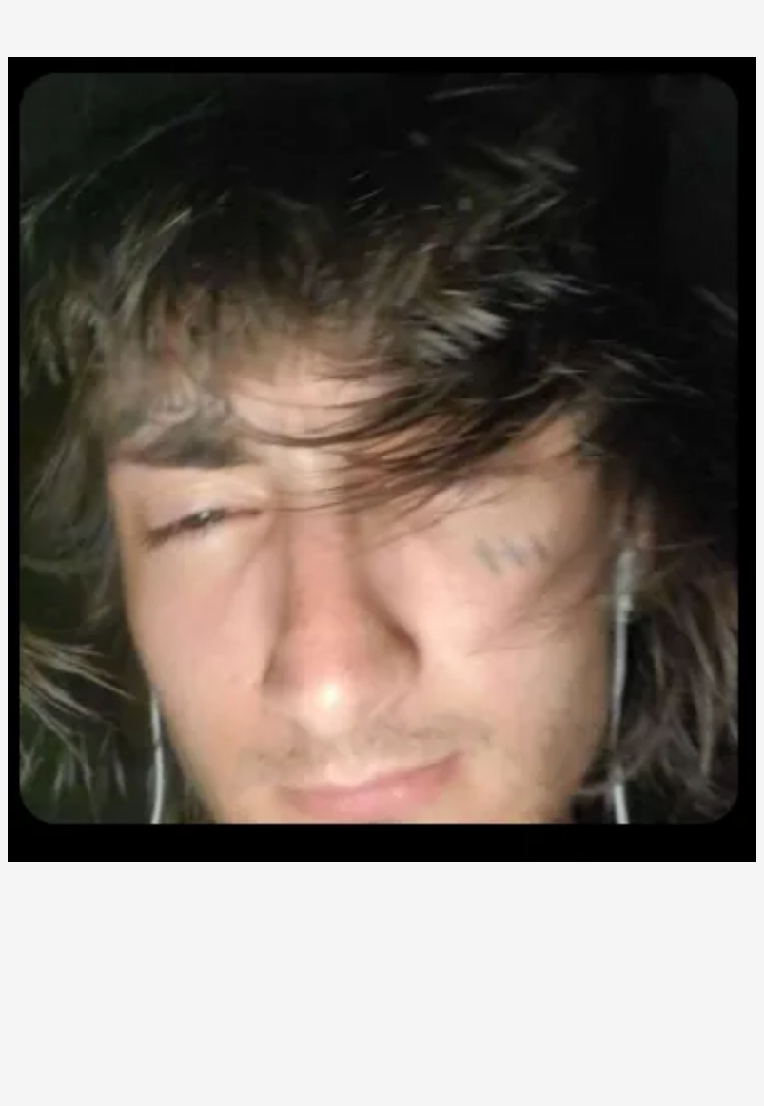






And no, don't tell me that I'm just "seeing things" or have "bad eyesight."

because I have other images of Robert in different lighting during different circumstances and



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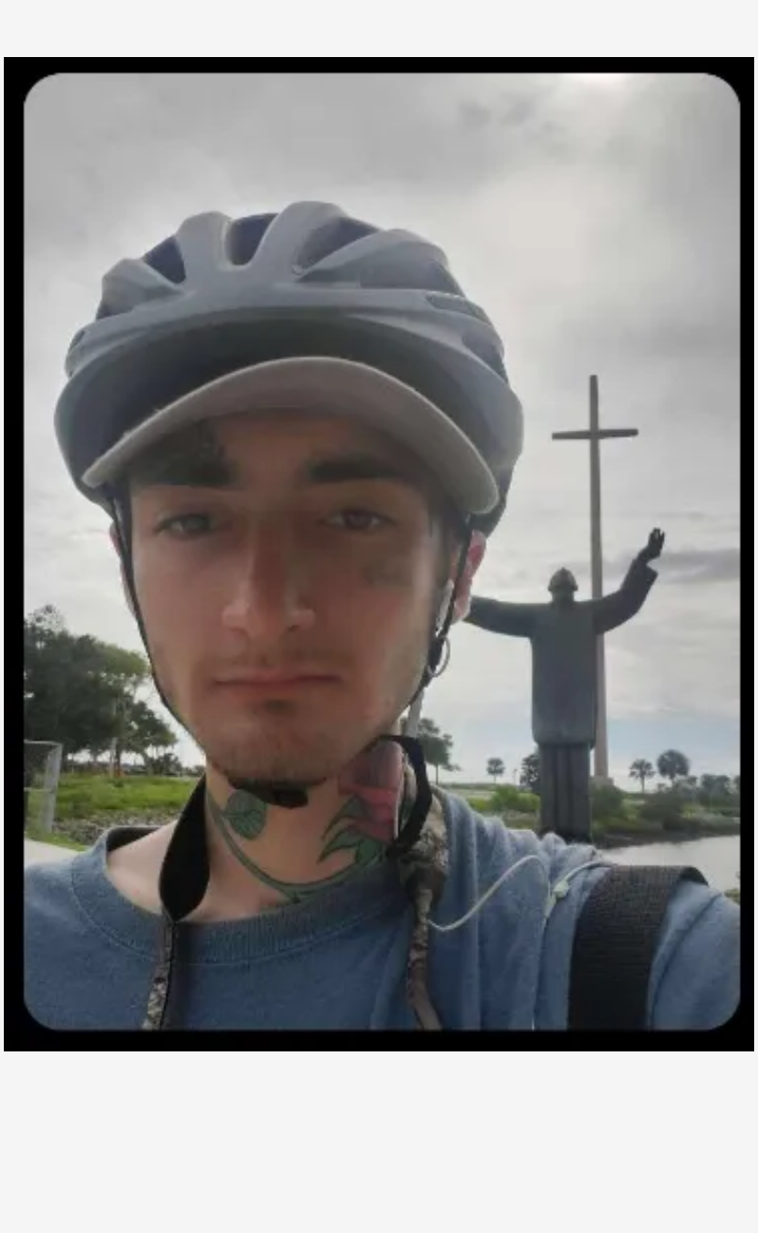

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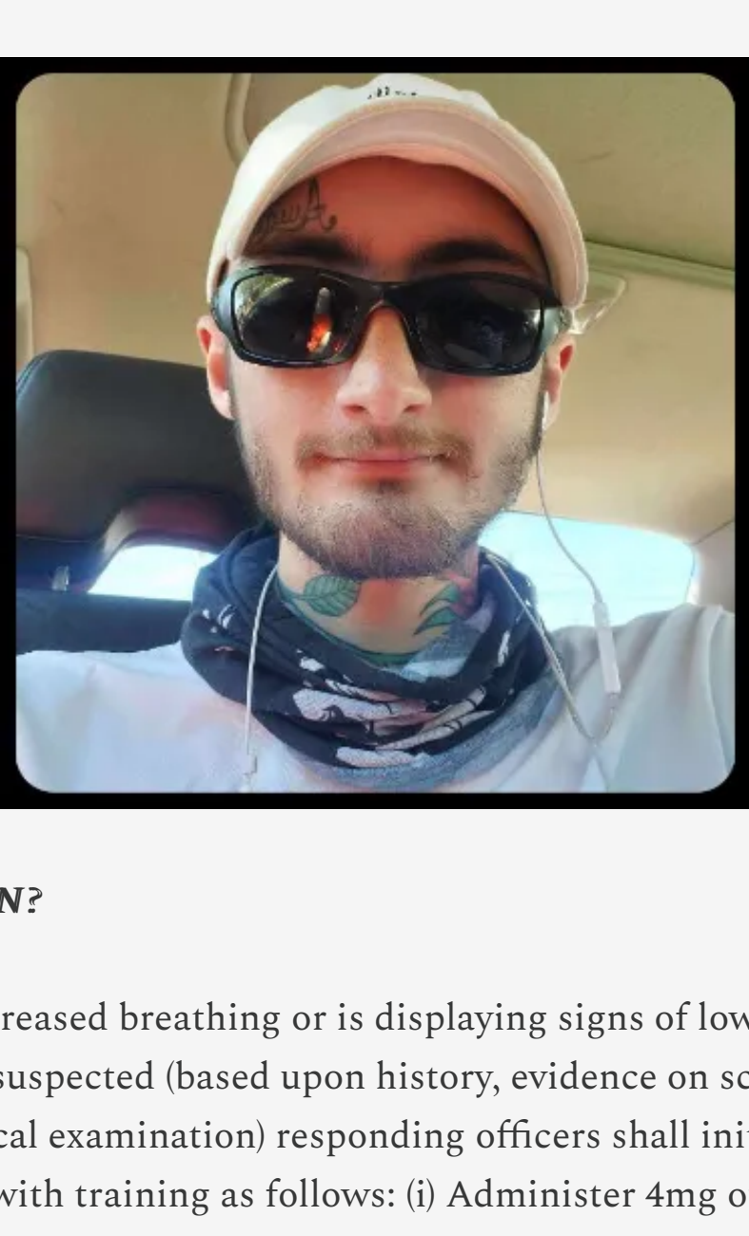

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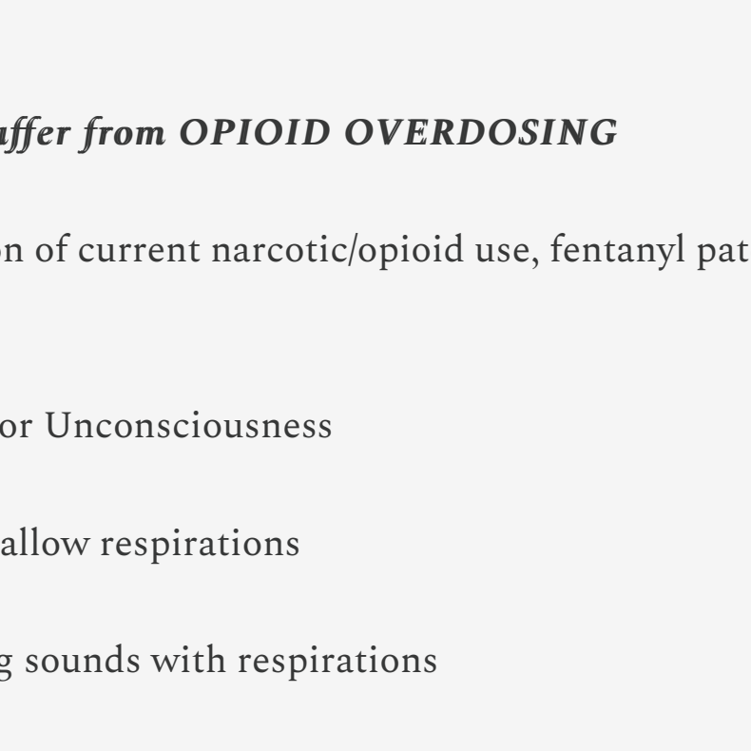

DISCOLOURATION?

If the patient has decreased breathing or is displaying signs of low oxygen (cyanosis) AND an overdose is suspected (based upon history, evidence on scene, bystander reports, and/or physical examination) responding officers shall initiate the use of nasal naloxone consistent with training as follows: (i) Administer 4mg of the medication into the patient's nostril using a quick burst to ensure that it is fully atomized. Slow administration will cause the liquid to trickle in the without being properly atomized. (ii) If respiratory rate is less than 8 breaths per minute or absent, initiate breathing support with pocket mask or bag-valve mask; oxygen is preferable if available.

patients who also suffer from OPIOID OVERDOSING

1. History or suspicion of current narcotic/opioid use, fentanyl patches on skin, or needle in body.

2. Unresponsiveness or Unconsciousness

3. Absent, slow, or shallow respirations

4. Snoring or gurgling sounds with respirations

5. Blue lips and/or nail beds (cyanosis)

6. Pinpoint Pupils

7. Clammy skin

These things should NEVER be overlooked in a patient.

Signs Cyanosis May Be an Emergency

Cyanosis may signify a serious medical condition, especially if it occurs suddenly. Seek immediate medical help if any of the following accompanies cyanosis:

- Chest pain
- Breathing becomes harder or faster
- Unable to take a deep breath
- Need to lean forward to breathe when sitting
- Use the muscles around your ribs, neck, or shoulders to help you breathe
- Frequent headaches
- Unusual fatigue
- Confusion
- Fever
- Coughing up dark or blood-tinged mucus
- Loss of consciousness

This could be a huge grasp at straws, but I do not give a flying fuck anymore.

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